N.J.S.A.R.T. NEW JERSEY STATE ANIMAL RESPONSE TEAM

Veterinarian and Veterinary Technician Recruitment

NAME:			
Would you consider being	part of the New Jersey veterinar	ry disaster response team?	
YES*NOT A			
Please return form(s) to:	Jeffrey Hamer, DVM, Assistant Director		
	New Jersey Department of Agriculture		
	Division of Animal Health	Ph: (609) 292-3965	
	P.O. Box 330	Fax: (609) 777-8395	
	Trenton, NJ 08625	jeffrey.hamer@ag.state.nj.us	

If you have questions, please contact Dr. Hamer as per above, or Charles N. Bell, VMD at ChuckVMD@aol.com.

NJS ART VETERINARIAN REGISTRATION

Name:		
Clinic or Employer:		
Address:		
County:		
Work Phone:		
Work Phone Private (confidential):		
Home Phone (confidential):		
Fax:		
Cell Phone (confidential):		
Other Phone/Beeper (confidential):		
E-mail (confidential):		
Species you are willing to treat:		
-		
	YES	NO
Do you have a truck, van or station wagon you are willing to use?		110
Do you have a livestock trailer or animal handling chute?		
Would you be willing to help at your location?	-	
Would you be willing to help in your immediate area?		
Would you be willing to help in other areas of NJ?		
Would you be willing to help in other states?		
(deployment is voluntary and would not supersede local needs)		
Would you be willing to staff an animal triage shelter?		
Are you a solo practitioner?		
Are you willing to provide services at no or reduced fees?		
The you withing to provide services at no or reduced rees:		
Are there medical or surgical procedures you do not do?		
Are there surgical procedures you are especially good at (e.g. ortho	opedics, e	xploratories)
Do you have non-veterinary skills such as a second language, com amateur radio license?	-	ls, or an
Please list all states in which you are licensed.		
•		
Do you hold federal accreditation (circle one)? YES NO If yes, in which states are you accredited?		
Please return registration form to: Jeffrey Hamer, DVM, Assi	stant Dire	ector

New Jersey Department of Agriculture

Ph: (609) 292-3965 Division of Animal Health

Fax: (609) 777-8395 P.O. Box 330 Email: jeffrey.hamer@ag.state.nj.us Trenton, NJ 08625